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TARGET CHANGE FORM

□ 2 nd Rating Period, FY									
Name of Ratee:									
Position/Rank:									
Designation:						Office:			
ORIGINAL PERFORMANCE INDICATOR (Based from Approved IPCR/DPCR/OPCR)		Proposed Amendment		ment	Justification		n	Remarks of Rater	
Key Results Area: Q: E: T:									[] Approved [] Disapproved Remarks:
Key Results Area: Q: E: T:									[] Approved [] Disapproved Remarks:
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Key Results Area: Q: E: T:									[] Approved [] Disapproved Remarks:
You may use additional sheets when necessary.									
Prepared by: Position:								Dat	e:
Recommending Approval: Position:								Dat	e:
Approved by: Position:								Dat	e: